



WOMEN
WITH PROMISE

WOMEN WITH PROMISE SCHOLARSHIP APPLICATION

Authorization for Release of Information

To Be Completed By Scholarship Candidate

The purpose of this authorization is to assist Women With Promise in assessing the candidate's progress toward meeting their education goals and ensuring that sufficient resources are in place to support the candidate's personal economic plan.

This form authorizes _____ (Agency Advocate) to share essential information about me _____ (Candidate Name) with an authorized representative of Women With Promise.

I hereby authorize the release by my sponsoring agency, _____ (Agency Name), to Women With Promise of any information requested by Women With Promise pertaining to myself or my family.

I hereby fully release and agree to indemnify my sponsoring agency and Women With Promise from any and all liability relating to the disclosure or use of my personal information or the personal information of my family.

This authorization, liability release, and indemnity agreement shall be in effect until I notify, in writing, my sponsoring agency and Women With Promise that this authorization is no longer valid.

Disclaimer and Signatures

Any information shared with Women With Promise will remain confidential to the extent permitted by law.

Candidate Signature: _____ Date: _____

Candidate Name: _____

Agency Advocate Signature: _____ Date: _____

Name of Agency Advocate: _____

Name of Sponsoring Agency: _____